

10/118,051

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50	2		2			
TOTAL IND.	1					
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51	2					
52	1					
53	1					
54	6					
55	1					
56	1					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	1					
64	1					
65	1					
66	1					
67	2					
68	5					
69	1					
70	1					
71	1					
72	1					
73	1					
74	1					
75	1					
76	1					
77	1					
78	1					
79	1					
80	5					
81	1					
82	1					
83	1					
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS	54					